AFN #2010176923 Recorded 11/16/10 at 11:20 AM DocType: DEATH Filed by: MICHAEL L. GANGLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

MICHAEL L. GANGLE
ATTORNEY AT LAW
121 SW MORRISON, STE 815
PORTLAND, OR 97204

DOCUMENT TITLE(S)

WASHINGTON STATE CERTIFICATE OF DEATH

REFERENCE NUMBER(S) *of Documents assigned or released:*

2295

[X] Additional numbers on page 1 of document.

GRANTOR(S):

PAUL GERALD LONG

[X] Additional names on page 1 of document.

GRANTEE(S):

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 2295

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Paul | Middle: Gerald | LAST: LONG | Suffix:
2. Death Date: Oct 23, 2010
3. Sex (M/F): M
4a. Age – Last Birthday: 59
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Clark
7. Birthdate: Nov 21, 1950
8a. Birthplace (City, Town, or County): Vancouver
8b. (State or Foreign Country): Washington
9. Decedent's Education: High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 572 Skamania Landing Road
13b. City or Town: Stevenson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (If applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648
13g. Inside City Limits? ☐ Yes ☐ No ☒ Unk
14. Estimated length of time at residence: 6 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Hannelore M. Schurte
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Owner/Operator
18. Kind of Business/Industry (Do not use Company Name): Floor Coverings
19. Father's Name (First, Middle, Last, Suffix): Donald Long
20. Mother's Name Before First Marriage (First, Middle, Last): Bonny Peru
21. Informant's Name: P. Tyler Long
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: 9919 NE 191st Circle Battle Ground, Washington 98604
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice Facility
25. Facility Name (If not a facility, give number & street or location): Ray Hickey Hospice House
26a. City, Town, or Location of Death: Vancouver
26b. State: WA
27. Zip Code: 98661
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Evergreen Memorial Gardens Crematory
30. Location-City/Town, and State: Vancouver, Washington
31. Name and Complete Address of Funeral Facility: Evergreen Memorial Gardens Funeral Chapel, 101 NE 112th Avenue, Vancouver, WA 98684
32. Date of Disposition: Oct 28, 2010
33. Funeral Director Signature X: [signature]

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Base of tongue – Squamous cell carcinoma — Interval between Onset & Death: 15 months

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. — Due to (or as a consequence of): — Interval between Onset & Death

c. — Due to (or as a consequence of): — Interval between Onset & Death

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No.: City or Town: County: State: Zip Code+4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. **Certifying Physician** - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated
x Lewis Steinberg

48b. **Medical Examiner/Coroner** - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Lewis Steinberg 700 NE 87th Ave Ste 100 Vancouver, WA 98664
50. Hour of Death (24hrs): 0830
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 10/26/2010
53. Title of Certifier: Attending Oncologist
54. License Number: MD0003598
55. Medical Examiner/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X:
58. Date Received (MM/DD/YYYY): OCT 28 2010
59. Amendments:

DOH/CHS 003 Rev. 07/2001-003 (5/99)